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	LOYALTY		SEP 3 AMII: 08	o
CAND	DIDATES WITH NO PA	RTY AFFILIATI	ON HITTI-U	3
STATE OF THE STATE	(Sections 875.05-876.10, F	londa Statutes)	' CLERK'S OFFIC	E
STATE OF FLORIDA	Miami-Dade COUNTY			
(PLEASE PRINT)				
, (D)	0		1)/1	1
1, YONA LD	(',		KieKF	1/
First Name	Middle Name/Init		Last Name	
a citizen of the State of Florida and of hereby solemnly swear or affirm that I	the United States of Ar	nerica, and	a candidate for pub	do dic office do
	will support the Constitu	Mon or the Orme	o States and of the	State of Florida.
	DATH OF CAN	DIDATE		
. 1)	(Section 99.021/ Florid			· · · · · · · · · · · · · · · · · · ·
I, ONALD.	(Xie	KF V_		
PLEASE PRINT NAME AS YOU WISH IT T	O APPEAR ON THE BALLOT - NA	HE MAY NOT BE CHANGE	ED AFTER THE END OF QUAL	IFYING)
am a candidate for the office of	MAVOR '		N/A	N/A .
	(office)		(district)	(circuit)
(group) . I am a qualified ele	ector of Mian	mi-Dade	County, Florida	•
I am a qualified elector of the City of	Miami Beach. Florida	l am qualified	l under the ordinan	cor and Charter
or said city and under the constitut	ion and the Laws of I	Florida to hold i	the office to which	a I desire to be
nominated or elected. I have qualified	ed for no other public :	office in the sta	te, the term of whi	ch office or any
part thereof runs concurrent with the required to resign pursuant to Section	ie office i seek, and i i 99.012. Florida Statu	i nave resigneu tes.	from any office fr	rom which I am
Management and the second seco				
UNDER PENALTIES OF PERJURY, I DEC CANDIDATE AND THAT THE FACTS STA	LARE THAT I HAVE RE	AD THE FOREGO	DING LOYALTY OAT	TH AND OATH OF
			RIBED before me	ر مادة ۱۳۰۰ مارد
ROBERT E. PARCHER	of Scotante	2003, Notary N	ame: Robert E	this <u>r</u> day Parchell.
MY COMMISSION # CC 907458		Notary P	ublic. State of Flori	ida
EXPIRES: March 31, 2004 Bonded Thru Notary Public Underwriters	Commissio	n Expires: 3/31	/o4 Personally K	Known: <u>//</u> ,
	Produced II	J. <u>W/M</u>	Type: <i>N</i> /A -	•
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	porna	Signature of Ca	ACIC MANAGEMENT	ly_
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278'/ WARDEN TI	VENUE	(305) 53/	1639 1)
Mailing Address		Day Phone	Fax Nui	mber
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THE WITCH	Tra,	33/70	<u> </u>	- ~ U
City	State	Zip Code	Desta Signa	<u></u>